MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

UV668

Reg. Dist. No. 101

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Charles

City or town: Pisgah

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Pisgah

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Algie Gernard Bowie

3.(b) Social Security Number:

4. Sex: M

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Nellie Bowie

6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): March 1 1877

8. AGE: Years: 72 Months: 7 Days: 1 If less than one day: ____ hrs. ____ min.

9. Birthplace: Pisgah Charles Co. Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: John T. Bowie

13. Birthplace: Charles Co. Md

MOTHER 14. Maiden name: Susie W. Posey

15. Birthplace: Charles Co. Md.

16. Informant: Howard Bowie

Address: La Plata, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 4 49 (month) (day) (year)

Cemetery or crematory: Methodist

Location: Pisgah, Md.

18. Funeral director: Dent & Ryon.

Address: Waldorf, Md.

19. Oct. 2 1949 (Date rec'd by registrar) Mary E. Cuthbert Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 2 1949, at 3 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from No physician in attendance 19 ____ to ____ 19 ____ and that I last saw him alive on Sept 19 ____

Immediate cause of death	DURATION
(a) Cerebral Hemorrhage	
Due to: Cardiac Failure	
Due to:	
Other conditions:	

331

83a

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: George C. Dicknell M.D. M. D. or other

Address: Marbury Md Date signed: Oct 2 49

RECEIVED
OCT 12 1949
BUREAU V. R.

09664

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac Heights
STREET ADDRESS (If rural give location) Box R- Indian Head, Md

3. NAME OF DECEASED (Type or Print) (First) Lamo (Middle) (Last) Rovere

4. DATE OF DEATH (Month) Oct. (Day) 28 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1892
9. AGE last birthday 5.7 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Stone Mason
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? N.S.

13. FATHER'S NAME ~~Unknown~~ Felica Rovere
14. MOTHER'S MAIDEN NAME Elisa Paiero

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mario Rovere

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 10-15-49

Antecedent cause(s) 420.1 Pha (b) — 10-28-49

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Coronary Heart Disease — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-15, 1949, to 10-28, 1949, that I last saw the deceased alive on 10-28, 1949, and that death occurred at 6.00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. Hedelen H.D. ADDRESS La Plata Md. DATE SIGNED 10-28-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 11/2/49
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. 11/1/49
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hunt & Ryon, ADDRESS Waldorf, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 4 1949
BUREAU OF V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09665

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

T

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newport
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) Grant (Last) Swann

4. DATE OF DEATH: (Month) October (Day) 13 (Year) 1949

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~. (Specify) | 8. DATE OF BIRTH 5/16/72 | 9. AGE last birthday 77 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Housework

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Samuel Swann

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service)

16. SOCIAL SECURITY NO. no -

17. INFORMANT Mrs Margaret Stonestreet

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arterio-Sclerotic Hypertensive Heart Disease (Cardiac Failure)	2 years
443 Antecedent cause(s)		
1310 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Arterio-Sclerotic Nephritis	1 year
	(c) UREMIA	1 week

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1949, to Oct. 13, 1949, that I last saw the deceased alive on Oct. 13, 1949, and that death occurred at 12 50 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John H. Griffin	M.D.	Nugentsville, Charles Co.	10/14/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	10/15/49	St. Marys	Newport	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/15/49	Julia H. Veney	Hewitt & Ryon	Waldorf, Md.

RECEIVED
OCT 19 1949
BUREAU V. S.

09666

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) Joseph ~~(M)~~ (Last) THOMAS.

4. DATE OF DEATH (Month) October (Day) 16 (Year) 1949.

5. SEX Male | 6. COLOR OR RACE Colored | 7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify) Widowed | 8. DATE OF BIRTH Dec. 20, 1883 | 9. AGE last birthday 65 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY Sextan | 11. BIRTHPLACE (State or foreign country) St. Marys Co., Md. | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Columbus Thomas | 14. MOTHER'S MAIDEN NAME Elizabeth Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Dorothy Allen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 1 hour

Antecedent cause(s)

420.1 94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Duck at home, not under medical care

19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION None | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — | (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from See reverse side 19 to 19 that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Arthur O. Woodley. (Degree or title) A.B., MD | ADDRESS La Plata. Md. | DATE SIGNED 16 Oct 49.

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE 10/20/49 | NAME OF CEMETERY OR CREMATORY Shiloh, M.E. | LOCATION (City, town, or county) Newburg, Md (State)

DATE REC'D BY LOCAL REG. 10/19/49 | REGISTRAR'S SIGNATURE Julia H. Pasey | 24. FUNERAL DIRECTOR Hunt + Ryan, Waldorf, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

This man was found dead at home. He had not been under any doctors care and to the best of our knowledge he had not been in ill health. There were no circumstances which would indicate that he had died from other than natural causes, Coronary occlusion being the most likely diagnosis.

Foul play is not suspected in this case.

A O Woodby. A.B. M.D
Signed for the State Medical
Examiner in his absence.
16 October 1949.

09667

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH: COUNTY Charles. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pomonkey
LENGTH OF STAY (in this place) 18 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pomonkey
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Sherman (Last) Turpin

4. DATE OF DEATH (Month) Oct. (Day) 1 (Year) 1949

5. SEX Male
6. COLOR OR RACE Negro.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 28 1889
9. AGE last birthday 60 yrs. If under 1 year Months 7 Days 3 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Deale Island Somerset Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Turpin
14. MOTHER'S MAIDEN NAME Jane Ballard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Wm. S. Turpin, Pomonkey - Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Prostate Gland with metastasis to Urinary Bladder.

177

Antecedent cause(s)

51b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Sept. 1948
19b. MAJOR FINDINGS OF OPERATION Carcinoma Prostate Gland
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to Oct 1, 1949, that I last saw the deceased alive on Sept 29, 1949, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank G. Susan M.D. Indian Head. Md 10-1-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10-4-49
NAME OF CEMETERY OR CREMATORY Deale Island Cemetery
LOCATION (City, town, or county) (State) Deale Island. Md. Md.

DATE REC'D BY LOCAL REG. 10-1-49
REGISTRAR'S SIGNATURE Mayme E. Ransome
24. FUNERAL DIRECTOR Jas. F. Stewart 402 E Church St
ADDRESS Salisbury. Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS. A15